

STUDENT REQUEST FOR A TRANSCRIPT FROM A CLOSED INSTITUTION

- ❖ There is a \$10 fee for each transcript request.
- ❖ Only money orders or cashier's checks will be accepted for payment. Make the money order or cashier's check payable to the Tennessee Higher Education Commission.
- ❖ Up to (3) copies of the requested transcript will be provided for each request; one of which will be sent to the student.
- ❖ Unreadable forms will be returned unprocessed.
- ❖ Transcripts are processed within two weeks from the receipt of this form.

Mail To: Tennessee Higher Education Commission
 Attn: Transcripts
 Division of Postsecondary School Authorization
 Parkway Towers, Suite 1900
 404 James Robertson Parkway
 Nashville, TN 37243-0830

- ❖ **This agency houses the records of many closed schools, however; the files received from the schools are sometimes incomplete. Please note that failure to locate an academic record from a closed institution does not necessarily invalidate the student's claim of attendance or the completion of a course(s) or program of study. Unfortunately the commission only administers and maintains the records as provided by the closed institution and does not have any secondary source beyond the cd rom to search for academic records. The agency regrets any inconvenience this may cause.**

<u>NAME OF THE CLOSED INSTITUTION</u>
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Request 1 Please mark if the request if to be faxed or mailed. Mail _____ Fax _____

_____ Fax Number

STUDENT INFORMATION

Social Security Number _____	Current Phone Number _____
Students Last Name while attending the institution.	
Students Current Full Name	
Current Street Address	
Current City State Zip	



Request 2 Please mark if the request if to be faxed or mailed. Mail _____ Fax _____

Fax Number

Contact Name
Institution or Business Name
Institution or Company Street Address
Institution or Company City State Zip

Request 3 Please mark if the request if to be faxed or mailed. Mail _____ Fax _____

Fax Number

Contact Name
Institution or Business Name
Institution or Company Street Address
Institution or Company City State Zip

Signature _____ Date _____

For Office Use Only	
Receipt #	Payment Method: Money Order Cashier Check

